

Yorkshire and the Humber IAPT Providers Network
Minutes
7 February 2018, 09:45-15:45
Park Plaza, Leeds

Present:			
Surname	First Name	Job Title	Employer
Baker	Emma	Information Analyst	Tees, Esk and Wear Valleys NHS Trust
Barnes	Dawn	Operational Lead	City Health Care Partnership
Bell	James	Team Manager/IAPT Strategic Lead	RDASH
Beresford	Sunita	Clinical Lead	RDASH
Boul	Sarah	Quality Improvement Manager	Yorkshire & the Humber Clinical Networks
Boyes	Zoe	Network Senior Quality Improvement Manager – Mental Health	East Midlands Clinical Network
Bray-Menezes	Debra	Service Manager	Tees, Esk and Wear Valley
Brougham	Rob	Managing Director	Ieso Digital Health
Brown	Tom	Team Leader	SWYPFT
Brownbridge	Linda	IAPT Clinical Lead	Navigo
Butler	John	IAPT Team Manager	SWYPFT
Butt	Sarah	IST Manager	NHS Improvement
Cheesman	Jacqui	Network Delivery Team Facilitator	NHS England-Cumbria North East
Collins	Mick	Clinical Lead	Insight Bassetlaw
Crossland	Linda	Clinical Lead	Doncaster IAPT
Edwards	Sharon	Clinical Lead	BDCFT
Goulding	Joanne	Deputy Manager	Doncaster IAPT
Greensmith	Victoria	Team Leader / Link Practitioner	SWYPFT
Hadley-Day	Kit	Information Design Consultant	NHS Digital
Harvey	Melissa	Deputy General Manager	South West Yorkshire Partnership NHS Foundation Trust
Hobbs	Alison	Clinical Lead	NY IAPT

Holdsworth	Liz	MHAT Manager	SWYPFT
Hughes	Rebecca	Service lead	Insight Healthcare
James	Ursula	IAPT Programme Manager	NHS England
Milthorpe	Cathryn	Data Quality Lead	SWYPFT
Moody	Edward	Clinical Team Manager	Turning Point Talking Therapies - Wakefield IAPT
Oxtoby	Liz	Head of Service-Clinical Lead	Northpoint Wellbeing
Ranby	Debbie	Project Manager	Navigo
Richards	Amy	Assistant Service Manager	Sheffield Health and Social Care
Sainty	Andrew	Service Manager	Humber NHS FT
Squires	Joanne	Clinical Lead, My WellBeing College	Bradford District Foundation Trust
Stonebank	Heather	Lead PWP Advisor	Yorkshire & the Humber Clinical Networks
Thrippleton	Georgie	Quality Improvement Lead	Yorkshire & the Humber Clinical Networks
Thomson	Jan	Clinical Lead	Leeds IAPT
Vause	Laura	PWP Team Leader	Wakefield IAPT
Washington	Katie	Senior PWP	NAVIGO
Wood	Craig	Business Development Manager	Ieso Digital Health
Wright	Andy	IAPT Advisor	Yorkshire & the Humber Clinical Networks

Apologies:

Surname	First Name	Job Title	Employer
Barkham	Liz	Lead Psychologist; Offender Health	Nottinghamshire Healthcare NHS Foundation Trust
Callaghan	Steve	Service Manager	Leeds IAPT
Car	Jason	Operations Manager	Turning Point
Fillipich	Guy	Service Lead	Insight - Bassetlaw
Godley	Tim	Team Manager	Doncaster IAPT
Knowles	Mark	IAPT Manager	Sheffield IAPT
Speck	Ros	Performance Manager	RDASH - Scunthorpe
Sutcliffe	Sue	General Manager	South West Yorkshire Partnership NHS Foundation Trust

No.	AGENDA ITEMS	Action By
1.	<p>Welcome, Apologies and Introductions, Andy Wright, IAPT Advisor, Yorkshire and the Humber Clinical Networks</p> <p>Andy Wright welcomed everyone to the meeting and conducted introductions around the room. Andy Wright noted that it was particularly nice to start 2018 with such a strong representation from across the region. Andy Wright thanked attendees for their input and gave especial thanks to the guest speakers and representatives from the regional and national teams.</p>	
2.	<p>Minutes from the Last Meeting (04.10.17) and Matters Arising, IAPT Advisor, Yorkshire and the Humber Clinical Networks</p> <p>The minutes of the last meeting were reviewed and accepted as a correct record.</p> <p>The actions were displayed to the attendees and attendees were advised that all actions had been completed. Regarding the action around CASPER Plus training places Andy Wright advised that there are a few places remaining on this training and advised services to contact Sarah Boul to express interest.</p> <p><i>ACTION: Regarding CASPER Plus training places a small number of additional places are available. Please email sarah.boul@nhs.net to express your interest in places.</i></p>	All / Sarah Boul
3.	<p>Senior PWP Update, Heather Stonebank, Lead PWP Advisor, Yorkshire and the Humber Clinical Networks</p> <p>Heather Stonebank provided the attendees with an update on the activities of the Senior PWP Network. The presentation covered the key topics discussed in the Network, learning from the network and key topics going forward.</p> <p>Please see the presentation slides for more information.</p> <p>Andy Wright and Heather Stonebank then facilitated a discussion with the attendees around the following questions:</p> <ol style="list-style-type: none"> 1. Are you getting the most out of your SPWP's for example they are really interested in the data 2. How are you encouraging the integration of learning from the SPWP network in your service 3. How can we develop their leadership potential 4. What key messages does the provider forum want to send to the SPWP network <p>Andy Wright sought feedback from each table on the questions asked and advised that the Clinical Network would collate written feedback and circulate to all attendees.</p> <p><i>ACTION: Sarah Boul to collate the table top discussion notes for distribution.</i></p> <p>Regarding question 1 much of the discussion focussed on recovery rate data and using this with Senior PWPs and PWPs. Data needs to be shared with Senior PWPs and PWPs in the form of key messages so as not to overwhelm staff. The narrative of data needs to be shared with PWPs to ensure that they understand the links to the wider picture and service change.</p>	Sarah Boul

	<p>Regarding question 2 not every service has a Senior PWP so it is important to nominate someone to attend anyway. It is important that managers receive feedback and the messages from the meeting are fed back to all PWPs in service also.</p> <p>Regarding question 3 the feedback focussed on how accessible leadership was to Senior PWPs, perhaps bringing Senior's into SMT, undertake project management, being involved in recruitment and offering mentoring to this staff group. PWPs need to be recognised as a core profession to ensure they do not experience barriers to a career in management.</p> <p>Regarding question 4 the service managers wanted to feedback what a great job the Senior PWPs are doing; managers want the network to continue, let it develop and let it grow, managers need to let seniors have the time to attend and encourage attendance. It was noted that Senior PWPs needed to be given autonomy to act and be part of the decision making process. Seniors have grown up with IAPT and coming from the PWP role they can provide brilliant support. Specifically regarding a career pathway for Senior PWPs who do not want to go into CBT – training and leadership opportunities for these staff need to be considered, not necessarily IAPT specific leadership training more an understanding of the theoretical base of leadership. Senior PWPs can work to develop the quality of the offer at step 2 and retention of Senior PWPs needs to be considered: what do they want and what will make them stay?</p> <p>Please see the table top discussion notes for more feedback from the discussions.</p>	
<p>4.</p>	<p>IST Data Top Tips and Q&A, Sarah Butt, IST Manager, NHS Improvement</p> <p>Andy Wright introduced Sarah Butt to the attendees and thanked Sarah for presenting at the Network.</p> <p>Sarah Butt presented to the attendees on the work undertaken by the IST; how IST approach work areas through table top exercises or deep dives and the work undertaken in Yorkshire and the Humber. Sarah Butt then presented to the attendees on getting data right first time, useful reports and some specific work around clustering and open pathways with a number of questions for services to consider on these areas.</p> <p>Please see the presentation slides for more information.</p> <p>Questions and Answers:</p> <p><i>Question:</i> Are there any strong themes that rise to the top in terms of data in services?</p> <p><i>Answer:</i> Services advise that they are often overwhelmed with data and are looking for a roadmap to the most relevant data and information. It is important that services ensure they have a strong core understanding of data and consider how robust oversight measures are and how information is translated up to board level.</p> <p><i>Comment:</i> Specifically around clustering the Sheffield service have developed a</p>	

	<p>toolkit for checking understanding of clustering in service. This has been really helpful.</p> <p><i>Question:</i> Is there going to be any scrutiny of IAPT data with the single oversight framework?</p> <p><i>Answer:</i> The IAPT dataset will not be scrutinised to a level any more than currently there will be more impact on the broader aspects of mental health that do not undergo such close scrutiny currently.</p> <p><i>Question:</i> Of the three access and waiting times standards which one would you suggest services focus most on?</p> <p><i>Answer:</i> We wouldn't prioritise one standard over another they all need to be considered. Access and recovery and waiting times all have to be considered and balanced to ensure good patient experience. Keep the person at the centre of your thinking.</p>	
<p>5.</p>	<p>IAPT Data on Unify, Sarah Boul, Quality Improvement Manager, Yorkshire and the Humber Clinical Networks</p> <p>Sarah Boul presented to the attendees on accessing the Unify data report system and displayed the IAPT reports available to access. Please see the presentation slides for more information.</p>	
<p>6.</p>	<p>IAPT Data – Table Top Discussions</p> <p>Andy Wright facilitated a discussion with the attendees around the following questions:</p> <ol style="list-style-type: none"> 1. Which are your top 3 most useful reports and why? 2. How do you ensure the data reaches all the way through your service? 3. How detailed is your monitoring of data in month, how do you achieve this and how do you apply your learning? 4. How do we take a medium to long term strategic view of data and how do we reflect on our medium to long term goals for utilising data? 5. Is there anything we could do in the provider network that could help services to realise the benefits of the data? <p>Andy Wright sought feedback from each table on the questions asked and advised that the Clinical Network would collate written feedback and circulate to all attendees.</p> <p><i>ACTION: Sarah Boul to collate the table top discussion notes for distribution.</i></p> <p>Question 1: KPI reports are really useful to use throughout the month and with clinicians, data quality reports and individual clinician reports. Problem descriptor report and demand and capacity reports. Could PEQs be added to the national data?</p> <p>Question 2: Data needs to be visualised and illustrative. The commissioner highlight report is also useful.</p> <p>Question 3: Caseload management is essential, undertake well established IAPT practices regularly, review data to stop drift etc. Used for group discharges</p>	<p>Sarah Boul</p>

	<p>as well to check the data. PBR means we need to attend to this.</p> <p>Question 4: We all use the data to see trends and plan ahead and set our view of what we need to achieve – services are doing this but some of the strategic work is undertaken at a different level. IST advised use the data in your commissioner meetings and use if for negotiating.</p> <p>Question 5: We could look at strategic conversations with commissioning, disjoint between local and national data and explaining this to commissioners is difficult – could the network help? Share examples of how a service has specifically used data to fix a problem.</p> <p>Please see the table top discussion notes for feedback from the discussion.</p>	
<p>7.</p>	<p>National IAPT Programme Update, Key Themes for 2018/19 and Q&A, Ursula James, National IAPT Programme Manager, NHS England</p> <p>Andy Wright introduced Ursula James to the attendees and thanked Ursula for presenting at the Network.</p> <p>Ursula James presented to the attendees on the National IAPT Programme’s priorities for 2018/19 and the key responsibilities of the national programme. Ursula James provided the attendees with a detailed overview of key questions for local systems on core IAPT and IAPT-LTC and some areas for consideration around productivity and quality. Key questions from recent Claire Murdoch webinars were also shared with attendees and a brief overview of the planning guidance given.</p> <p>ACTION: Sarah Boul to share a link to the planning guidance for 2018/19.</p> <p>Post meeting note: Please see below link to the planning guidance for 2018/19: https://www.england.nhs.uk/publication/refreshing-nhs-plans-for-2018-19/</p> <p>Ursula James acknowledged that there were pressures in the system for delivering the aspirations of the Five Year Forward view, particularly around workforce numbers and funding. Ursula stated that the National IAPT programme acknowledges that Providers’ and CCGs’ are under considerable pressure and these issues are being flagged with the NHS England Board.</p> <p>Please see the presentation slides for more information.</p> <p>Questions and Answers:</p> <p><i>Question:</i> Is IAPT-LTC an invest to save model?</p> <p><i>Answer:</i> In the long-term it could be seen as an invest to save model. In 2018/19 there is additional money in the baseline to help set the services up. Please see the slide from Claire Murdoch for further information.</p> <p><i>Question:</i> How are services going to be protected?</p> <p><i>Answer:</i> It takes strong clinical leadership. If your service is under pressure you</p>	<p>Sarah Boul</p>

	<p>need to show the impact on staff wellbeing and on quality. Put in place a trajectory around what can be achieved and put a good business case to your commissioners.</p> <p><i>Comment:</i> As a Network we could develop a shared dialogue/narrative to support services in working with their commissioners to discuss a trajectory around what could be achieved with available funding.</p> <p><i>ACTION: Clinical Network to consider developing a shared dialogue/narrative to support services in working with their commissioners to discuss a trajectory around what could be achieved with available funding.</i></p> <p><i>Question:</i> Will there be sanctions for CCGs that do not fund IAPT-LTC?</p> <p><i>Answer:</i> We are in discussion around sanctions and we are working with the regional team to further this.</p>	<p>Sarah Boul</p>
<p>8.</p>	<p>Older People in IAPT Toolkit, Georgie Thrippleton, Quality Improvement Lead, Yorkshire and the Humber Clinical Networks</p> <p>Andy Wright introduced Georgie to the attendees and thanked Georgie for presenting. Andy Wright reiterated to the attendees that the Clinical Network want to continue to support work with older adults.</p> <p>Georgie Thrippleton presented to the attendees on a developing Older Adults toolkit. The toolkit includes information on national drivers to work with older adults, information on the quality premium and case studies on good work with increasing access for older adults. Georgie requested that the Providers' consider the toolkit and provide feedback on how it can be developed and what else could be included?</p> <p><i>ACTION: All Providers' to review the Older Adults toolkit and send feedback to gthrippleton@nhs.net.</i></p> <p>Georgie also presented to the attendees a draft data spreadsheet indicating which CCGs had signed services up for the older people's and BAME quality indicator. This spreadsheet was still in draft form and the final calculations for the quality premium are to be confirmed by the national team. It was requested that the spreadsheet was updated to include the CCG information by STP/ICS footprint. It was noted that once finalised the spreadsheet would be updated and shared with all services. The draft version will be shared in the meantime so services can identify who is signed up.</p> <p><i>ACTION: Georgie Thrippleton to include the CCG information in the quality premium spreadsheet by STP/ACS footprint.</i></p> <p><i>ACTION: Sarah Boul to share the draft spreadsheet with the Network to ensure services know which CCGs are signed up.</i></p>	<p>All</p> <p>Georgie Thrippleton</p> <p>Sarah Boul</p>
<p>9.</p>	<p>Update on IAPT PBR Toolkit, Kit Hadley-Day, Information Design Consultant, NHS Digital</p> <p>Andy Wright introduced Kit Hadley-Day to the attendees and thanked Kit for presenting.</p>	

	<p>Kit Hadley-Day presented to the attendees on the development of the IAPT tariff tool. Kit provided an overview of the IAPT Tariff Model; model implementations, the development of the web tool and Exeter system and information on data quality. Please see the presentation slides for further information.</p> <p>Kit advised the attendees that for queries about accessing the Web Grouper, submitting reference data for the national implementation or questions about the technical aspects of the tool to email sus-pbr-req-casemix@nhs.net for further information.</p> <p>Questions and Answers:</p> <p><i>Question:</i> Has any further discussion been undertaken on the clustering point for example, services cluster at the first treatment and then re-cluster later, has the tool been adapted to consider this?</p> <p><i>Answer:</i> There has been no request made to NHS Digital to update the tool based on clustering and re-clustering issue. Therefore, the tool pays out if there have been 2 or more contacts. If no more than one contact is made only an assessment payment will be made.</p> <p><i>ACTION: Sarah Boul to ask services to submit their issues around clustering and submit this to the NHS England DCO team to raise with NHS Digital.</i></p> <p><i>Question:</i> When is the tool going live?</p> <p><i>Answer:</i> Unknown – as soon as we know we will advise.</p>	<p>Sarah Boul</p>
<p>10.</p>	<p>Any Other Business</p> <ul style="list-style-type: none"> - Key themes and achievements in 2017/18 <p>Andy Wright asked the attendees that if there were any subjects or issues that they would like the Network to cover in the coming year to please email sarah.boul@nhs.net</p> <p><i>ACTION: Any suggestions on subjects or issues that could be covered at the IAPT Providers’ Network to be emailed to sarah.boul@nhs.net</i></p> <ul style="list-style-type: none"> - Access to IAPT for IAPT Staff <p>Andy Wright advised the attendees that Becky Minton, National IAPT Workforce Development and Wellbeing Manager, had enquired at a national meeting if access to IAPT services for IAPT staff needed to have in place a formal agreement for staff to be seen in other services. Andy Wright requested that if anyone had strong views on this contact sarah.boul@nhs.net and comments can be sent on to Becky Minton.</p> <p><i>ACTION: If anyone has strong views on a formalisation process of access to IAPT for IAPT staff please email sarah.boul@nhs.net.</i></p>	<p>Sarah Boul</p> <p>Sarah Boul</p>
	<p>ITEMS FOR INFORMATION:</p>	
	<p>Future Meetings:</p> <p>The next meeting will be held on 2 May 2018. A booking link and save the date will be circulated in due course.</p>	

Summary of Actions

No.	Action	Owner
1	Regarding CASPER Plus training places a small number of additional places are available. Please email sarah.boul@nhs.net to express your interest in places.	All/Sarah Boul
2	Sarah Boul to collate the Senior PWP table top discussion notes for distribution.	Sarah Boul
3	Sarah Boul to collate the IAPT Data table top discussion notes for distribution.	Sarah Boul
4	Sarah Boul to share a link to the planning guidance for 2018/19.	Sarah Boul
5	Clinical Network to consider developing a shared dialogue/narrative to support services in working with their commissioners to discuss a trajectory around what could be achieved with available funding.	Andy Wright/Sarah Boul
6	All Providers' to review the Older Adults toolkit and send feedback to gthrippleton@nhs.net.	All
7	Georgie Thrippleton to include the CCG information in the quality premium spreadsheet by STP/ACS footprint.	Georgie Thrippleton
8	Sarah Boul to share the draft spreadsheet with the Network to ensure services know which CCGs are signed up.	Sarah Boul
9	Sarah Boul to ask services to submit their issues around clustering and submit this to the NHS England DCO team to raise with NHS Digital.	All/Sarah Boul
10	Any suggestions on subjects or issues that could be covered at the IAPT Providers' Network to be emailed to sarah.boul@nhs.net	All
11	If anyone has strong views on a formalisation process of access to IAPT for IAPT staff please email sarah.boul@nhs.net.	All